



SI Joint Dysfunction

Facility Coding Guide – INTRA-ARTICULAR IMPLANTS

About SacroLox: The *sacrolox* implant system is intended for SI joint fusion for conditions including SI joint dysfunction that is a direct result of SI joint disruption or degenerative sacroiliitis (see full indications on last page). The procedure involves percutaneous placement of implants to stabilize the sacroiliac joint, without cortical piercing.

The following codes may apply to patients undergoing minimally invasive SI joint fusion with the sacrolox Implant Systems. Providers must use independent judgment and report codes that most accurately describe the services, items and/or supplies provided, as well as the patient's condition. The following codes may not be an all-inclusive list.

AMBULATORY SURGICAL CENTER (ASC) SETTING² (Place of Service Code 24)

CPT® Code ¹	Description	ASC Payment Indicator ²	Device Off-set % ²	CY 2026 Medicare Unadjusted Rate ²
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing [For bilateral procedures, report 27278 with modifier 50]	J8 Device-intensive procedure; paid at adjusted rate	72.65%	\$ 15,048

Additional Guidance

- ISASS Guidance: "Revision and/or removal of the SI joint implant should be coded using Unlisted CPT Code (i.e., 22899 or 27299) depending on the type of approach and procedure performed, whether within the global period of the fusion, or not." SOURCE: Lorio M, Kube R, Araghi A. ISASS Policy 2020 Update—Minimally Invasive Surgical Sacroiliac Joint Fusion (for Chronic Sacroiliac Joint Pain): Coverage Indications, Limitations, and Medical Necessity. Int J Spine Surg. 2020 December; 7156. DOI: [10.14444/7156](https://doi.org/10.14444/7156)
- Use CPT 27279 to report hybrid SI joint fusion that consists of placement of both intra-articular and transarticular devices, at least one of which pierces the cortices.¹

HOSPITAL OUTPATIENT SETTING² (Place of Service Code 22)

CPT® Code ¹	Description	APC ²	Status Indicator ²	CY 2026 Medicare Unadjusted Rate ²
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing [For bilateral procedures, report 27278 with modifier 50]	5116 <i>(Level 6 Musculoskeletal Procedure)</i>	J1 – Hospital Part B services paid through a comprehensive APC	\$ 17,914

HOSPITAL INPATIENT SETTING (Place of Service Code 21)

Hospitals use ICD-10-PCS to report inpatient services. The following ICD-10-PCS codes may be appropriate for a sacroiliac joint fusion procedure with the Implant System. Please note that Medicare reimbursement varies according to the geographical area in which the services are provided and other applicable adjustments. Actual payments may therefore vary. For this reason, national averages are set forth below.

ICD-10-PCS ⁴	Description	Possible MS-DRG ^{*5}	FY 2026 Medicare Unadjusted Payment Rate ⁵
0SG734Z (right) 0SG834Z (left)	Fusion of (right/left) sacroiliac joint with internal fixation device, percutaneous approach	450 – Single Level Spinal Fusion Except Cervical with MCC (MCC = Major complications and/or comorbidities)	\$38,782
		451 – Single Level Spinal Fusion Except Cervical without MCC (MCC = Major complications and/or comorbidities)	\$23,507

**Other MS-DRGs may apply.*

Revenue Code ^{**}	Description
0360	Operating Room Services
0278	Medical Surgical Supplies/ Other Implants

***Other Revenue Codes may apply*

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Physician Coding Guide – Sacrolox INTRA-ARTICULAR IMPLANTS

About Sacrolox: *Sacrolox Implant Systems* are intended for SI joint fusion for conditions including SI joint dysfunction that is a direct result of a SI joint disruption or degenerative sacroiliitis (see full indications on last page). The procedure involves percutaneous placement of implants to stabilize the sacroiliac joint, including either transarticular or intra-articular implants that pierce the lateral and/or medial cortices of the ilium and the lateral cortex of the sacrum, without cortical piercing.

The following codes may apply to patients undergoing minimally invasive sacroiliac (SI) joint fusion with the Sacrolox Implant System. Physicians must use independent judgment and report codes that most accurately describe the services, items and/or supplies provided, as well as the patient's condition. The below codes may not be an all-inclusive list.

PHYSICIAN

CPT® Code: The following codes may apply to patients undergoing minimally invasive sacroiliac (SI) joint fusion with the Sacrolox System. Physicians must use independent judgment and report codes that most accurately describe the services provided and the patient's condition.

CPT®Code ¹	Description	RVU ²	2026 Medicare Unadjusted Rate ²	
			Facility	Non-Facility (OBL)
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of transarticular device(s) and/or intraarticular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum [For bilateral procedure report 27279 with modifier 50]	23.21 (wRVUs=11.83)	\$762	N/A
27278	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing [For bilateral procedure report 27278 with modifier 50]	13.19 (wRVUs = 7.66)	\$441	\$13,834

Additional Guidance

ISASS Guidance: "Revision and/or removal of the SI joint implant should be coded using Unlisted CPT Code (i.e., 22899 or 27299) depending on the type of approach and procedure performed, whether within the global period of the fusion, or not." SOURCE: Lorio M, Kube R, Araghi A. ISASS Policy 2020 Update—Minimally Invasive Surgical Sacroiliac Joint Fusion (for Chronic Sacroiliac Joint Pain): Coverage Indications, Limitations, and Medical Necessity. *Int J Spine Surg.* 2020 December; 7156. DOI: [10.14444/7156](https://doi.org/10.14444/7156)

Use CPT 27279 to report hybrid SI joint fusion that consists of placement of both intra-articular and transarticular devices, at least one of which pierces the cortices.¹

HCPCS Codes

HCPCS Code ⁶	Description ⁶	Status Indicator/Reimbursement ²
C1889	Implantable/ insertable device for device-intensive procedure, not otherwise classified	N –Items and Services Packaged into APC Rate No separate payment under Medicare (commercial contracts may vary)
C1776	Joint device (implantable)	
L8699	Prosthetic implant, not otherwise specified	

ICD-10-CM Diagnosis Codes⁷

Diagnosis Codes	Code Description
M46.1	Sacroiliitis, not elsewhere classified
MS3.2X8	Spinal instabilities, sacral and sacrococcygeal region
MS3.3	Sacrococcygeal disorders, not elsewhere classified
S33.6XXS	Sprain of sacroiliac joint, sequela
M43.28	Fusion of spine, sacral and sacrococcygeal region
S39.83XS	Other specified injuries of pelvis, sequela
S33.2XXS	Dislocation of sacroiliac and sacrococcygeal joint, sequela

References

1. CPT© 2025. American Medical Association (AMA). All rights reserved.
2. 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems CMS-1834-FC. Notice of Final Rulemaking with Comment Period (NFRM).
3. CMS, 2026 ICD-10 Procedure Coding System (ICD-10-PCS).
4. FY 2026 Medicare Hospital Inpatient Prospective Payment System, FY 2026 Final Rule, CMS-1833-F.
The listed rates do not reflect all hospital-specific adjustments that may significantly alter a payment to a particular hospital.
5. AAPC. 2026 HCPCS Level II Expert: Service Supply Codes for Caregivers and Suppliers. American Academy of Professional Coders; 2025.
6. ICD-10-CM Official Guidelines for Coding and Reporting FY 2026 -- UPDATED October 1, 2025 (October 1, 2025 - September 30, 2026) Corporate Authors(s): Centers for Medicare & Medicaid Services (U.S.); National Center for Health Statistics (U.S.)

"The SacroLox Implant System is intended for sacroiliac fusion for the following conditions:"

- "Sacroiliac joint dysfunction that is a direct result of sacroiliac joint disruption and degenerative sacroiliitis. This includes conditions whose symptoms began during pregnancy or in the peripartum period and have persisted postpartum for more than 6 months."
- To augment immobilization and stabilization of the sacroiliac joint in skeletally mature patients undergoing sacropelvic fixation as part of a lumbar or thoracolumbar fusion.
- Acute, non-acute, and non-traumatic fractures involving the sacroiliac joint.

The SacroLox Allograft Implant System instruments are indicated for placement of the SacroLox Allograft
SacroLox Allograft Implant System is indicated for homologous use.

DISCLOSURE: This document is for informational purposes only and is not legal advice or official guidance from payors. It is not intended to increase or maximize reimbursement by any payor. Hospitals and physicians are solely responsible for being in compliance with Medicare and other payor rules and requirements for the information submitted with all claims and appeals. SI-Logix does not warrant or guarantee that the use of this information will result in coverage or payment for SI joint fusion. Before any claims or appeals are submitted, hospitals and physicians should review official payor instructions and requirements, should confirm the accuracy of their coding or billing practices with these payors and should use independent judgment when selecting codes that most appropriately describe the services or supplies provided to a patient. CPT five-digit numeric codes, descriptions, and numeric modifiers are ©2025 AMA. All rights reserved.